

PETITIONER OR ATTORNEY (Name and Address): 		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD'S NAME:		
JUVENILE DEPENDENCY PETITION (VERSION ONE) (Welf. & Inst. Code, § 300 et seq.) <div> <input type="checkbox"/> § 300—Original <input type="checkbox"/> § 387—Supplemental </div> <div> <input type="checkbox"/> § 342—Subsequent <input type="checkbox"/> § 388—Modification </div>		CASE NUMBER: <hr/> RELATED CASES (If any):

1. Petitioner on information and belief alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code <i>(check applicable boxes; see attachments for concise statements of facts)</i> : <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i) <input type="checkbox"/> (j)				
b. Child's name:		Age:	Date of birth:	Sex:
f. Mother's name: <input type="checkbox"/> unknown Address: <input type="checkbox"/> unknown		g. Father's name: <input type="checkbox"/> unknown Address: <input type="checkbox"/> unknown <input type="checkbox"/> presumed <input type="checkbox"/> alleged		
h. Other <i>(state name, address, and relationship to child)</i> : <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.		i. Other <i>(state name, address, and relationship to child)</i> : <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.		
j. Prior to intervention, child resided with <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <i>(state name, address, and relationship to child)</i> :		k. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention <i>(address)</i> : <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other		
l. <input type="checkbox"/> Child may be a member of, or eligible for, membership in a federally recognized Indian tribe. m. <input type="checkbox"/> Child may be of Indian ancestry.				

2. Petitioner requests that the court find these allegations to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Address and telephone number:

Number of pages attached:

☐ Other children are listed on *Additional Children Attachment* (form JV-101)

(See important notice on reverse)

— NOTICE —

TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

TO PARENTS OR OTHERS LEGALLY RESPONSIBLE FOR THE SUPPORT OF THE CHILD

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.